

EXHIBIT E



A Home I.V. and Nutritional Service

933 FLEMING ST.
KEY WEST, FLA. 33040
(305) 292-1635
FAX: (305) 292-1739

FAX TRANSMITTAL SHEET

"PERSONAL AND CONFIDENTIAL"

TO: Mr Jerry Wells

AT: Florida Medicard Pharmacy

FAX NO: 850-922-0685

FROM: Zach & MARK

FAX NO: 305-292-1739

DATE: 7/26/97 TIME: _____

RE: Albuterol Sulfate 0.083% Prices

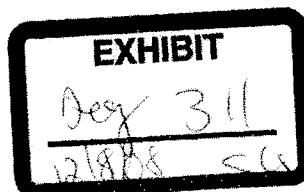
Next week we will obtain some more current
wholesaler prices (Note McKesson's \$12.00 is from
10/1/96).

PAGES TO FOLLOW INCLUDING COVER SHEET: 7

NOTE: FORWARD THIS FAX IMMEDIATELY TO THE ADDRESSEE, AS THE DOCUMENTS CONTAINED IN THIS FAX ARE PERSONAL AND CONFIDENTIAL!! IF YOU DO NOT RECEIVE THIS FAX IN ITS ENTIRETY, PLEASE CALL SALLY SMITH AT 305-292-1635.

: 1901848

1901848



VAC MDL 65904



A Home I.V. and Nutritional Service

933 FLEMING ST.
KEY WEST, FLA 33040
(305) 292-1635
FAX: (305) 292-1739

SENSTIVE- DO NOT DISCLOSE
MATTERS UNDER COURT ORDERED SEAL

July 26, 1997

Prior Copy by Fax 904-922-0685

Mr. Jerry Wells, R.Ph
State of Florida
Agency For Health Care Administration
2727 Mahan Drive
Fort Knox, Building 1
Tallahassee, FL 32308-5407

RE: Florida Medicaid Reimbursement for Albuterol Sulfate 0.083%

Dear Jerry,

Enclosed is Ven-A-Care's ("VAC") true cost prices for albuterol sulfate and other common drugs used for inhalation. We are enclosing representative prices from traditional wholesalers with prices obtained through group purchasing organizations ("GPO"). We believe the GPO prices more accurately reflect the true acquisition prices in the marketplace since "closed pharmacies", such as VAC, are most likely purchasing these inhalant solutions through GPO's and are most likely dispensing the majority of these inhalation solutions.

The 1st quarter Florida Medicaid utilization and reimbursement data for albuterol sulfate solution that you provided to us yesterday indicates that the actual reimbursement amount for each NDC number is very close to Florida's maximum allowable. VAC's current cost for albuterol sulfate, 0.083%, 3ml, 25s is \$8.50 and Florida Medicaid's reimbursement is \$26.48. Providers are reaping more than a 200% profit from the Program for this drug.

A comparison of the reimbursement amount is driving the utilization and the decision by provider's to purchase a specific Manufacturer's drug over that of another. The difference between the provider's true cost and the reimbursement amount is referred to as the "spread." Manufacturers' representatives routinely contact providers to market their pharmaceuticals solely by informing the providers of the "spread." Some manufacturers provide reimbursement assistance to providers to insure the maximum reimbursement is obtained from third party payers, including the Medicare and Medicaid Programs.

The following chart is an example of how Warrick Pharmaceuticals and Dey Laboratories captured the Florida Medicaid Pharmacy market for albuterol sulfate, 0.083%. Warrick Pharmaceuticals and Dey Laboratories false representations of price and cost caused Florida's Medicaid Pharmacy Program to pay more than \$1 million over the reasonable amount contemplated by 42.CFR 447.331.

1901849

24 Hour Beeper Service • 745-0289

1901848

VAC MDL 65905

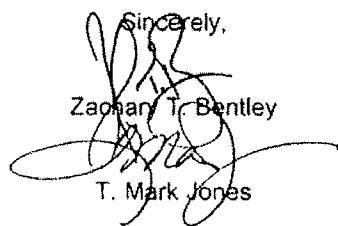
Mr. Jerry Wells
 Florida Medicaid Pharmacy
 July 26, 1997
 Page 2

FLORIDA MEDICAID REIMBURSEMENT (1ST QUARTER 1997)
ALBUTEROL SULFATE 0.083%

COMPANY	FL. MEDICAID REIMBURSEMENT	# CLAIMS	AMOUNT PAID
Warrick	\$26.92 (\$0.3590/ml)	12,673	\$763,595.42
Dey	\$26.48 (\$0.35310/ml)	9,792	\$707,220.50
Zenith/Goldline	\$16.04 (\$0.21385/ml)	102	\$ 4,981.86

Approximately two years ago, we examined Medicare's reimbursement for inhalation drugs. We contacted several pharmacies through our home health agency, Criticare of the Florida Keys, Inc. Besides the disparity between the provider's true cost and Medicare's reimbursement we discovered other disturbing methods that drive overutilization. Three of the pharmacies that we contacted offered Criticare a kickback or split-fee arrangement for giving the pharmacies patient referrals. One marketing scheme offered by the pharmacies was the automatic shipping of refills every month without verifying continuing need with the patient or physician to maximize use and reimbursement. We reported this information to the HHS Office of Inspector General.

At your convenience, we would appreciate your providing us with a data disk containing the summary data for 1996 for all inhalation drugs reimbursed by the Florida Medicaid Pharmacy Program. As always, we appreciate your assistance.

Sincerely,

 Zachary T. Bentley

 T. Mark Jones

cc: T. Reed Stephens, Esq.
 Mark A. Levine, Esq.
 Wampler, Buchanan and Breen

1901850

933 Fleming Street

VEN-A-CARE of the Florida Keys, Inc.
 (305) 292-1635

Key West, Florida 33040

1901848

VAC MDL 65906

McKESSON DRUG CO. ITEM CATALOG											10/01/00		ADH - ALU				
D E P T	ITEM NUMBER	ITEM DESCRIPTION	R X	REGULAR COST	LIST SUGG'D RETAIL	MIN ORD QTY	U N IT	P KG QTY	D E P T	ITEM NUMBER	ITEM DESCRIPTION	R X	REGULAR COST	LIST SUGG'D RETAIL	MIN ORD QTY	U N IT	P KG QTY
VA	186-7120	ADHES TAPE W/P CUR 702	1X50YD	1.43					24	NB	196-1835	AGREE COND HORN	150Z	2.00			12
VA	186-7183	ADHES TAPE W/P CUR 703	1X10YD	2.22					24	NB	182-8455	AGREE HAIR DETOXIFIER	60Z	2.00			6
VA	186-7185	ADHES TAPE W/P 1/2X10 JJ	1X50YD	1.55					36	NB	182-8454	AGREE SHAM HORN	150Z	2.00			17
VA	186-7186	ADHES TAPE W/P 1/2X5 JJ	1X50YD	1.55					24	AD	123-4365	AH-CHEW CHEW TAB	100 R	25.00			48
VA	186-1803	ADHES TAPE W/P 1X10 JJ	1X50Y	2.22					24	AD	123-9563	AH-CHEW Q TAB	100 R	24.00			48
VA	186-1779	ADHES TAPE W/P IX5 JJ	5044Y	1.55					24	OD	371-7898	AIR CLEAN TAB XLD	482745	2.05			24
JA	131-6817	ADHES CAP 27.5MG	1000 D	88.50					24	OD	240-6008	AIR T/P GEL BAK/SODA	60Z	5.00			24
JA	131-6820	ADHES CAP	1000 D	100.00					24	OD	180-7250	AIR T/P GEL REG	60Z	5.00			24
JA	131-6808	ADHES CAP	1000 D	91.93					156	OD	288-3578	AIR TARTAR CONT	60Z	9.00			24
NC	149-5431	ADORN H/S AERO REG	7.50Z	7.50	1.47				12	PJ	219-9205	AIR CLEAN ISPD ENV	61500G	342.50*			12
ME	143-5458	ADORN H/S AERO UNSC X/HM	7.50Z	2.47					12	PJ	182-1537	AIR CLEAN ISPD ENV	61500G	205.00*	299.55		12
DA	138-7776	ADREHALIN AMP 1-1000 1ML	10 R	12.00					100	PJ	182-1536	AIR CLEAN ISPD ENV	61500G	115.00*	169.55		12
DA	138-7780	ADREHALIN SOL 1-1000	10R	8.18					100	PJ	187-6250	AIR PURIFIER FILTER HOLM	44215	125.00*	169.99		12
DA	138-7778	ADREHALIN 1-1000	10UL	8.18					100	PJ	211-0127	AIR PURIF SUFL SUFT HOLM	61500G	44.28*	59.99		12
IB	341-5116	ADRIAMYCIN PFS NDZ 20MG 100ML	R	282.56					10	PJ	128-6524	AIR PURIF TABLTOP HOLM	44215	7.75*	17.99		24
IB	186-6735	ADRIAMYCIN PFS VIAL 10MG	10ML	20.00					10	OD	122-1227	AIR PURIFIER FILTER HOLM	44215	40.00*	54.95		12
IB	186-6735	ADRIAMYCIN PFS VIAL 10MG	10ML	20.00					10	PJ	218-3757	AIR TIGHT CLIP SPOON APOD 87121	1.00				12
IB	186-6735	ADRIAMYCIN PFS VIAL 50MG	25ML	97.33					10	AA	122-6395	AIR TREAT SYS CPOON HOLM	61500G	72.38*	99.99		12
AB	137-0681	ADRIAMYCIN RDX VIAL 10MG	10ML	19.07					10	AA	132-6685	AIRRET SOL JEL	25 R	41.25			12
AB	136-7028	ADRIAMYCIN RDX VIAL 20MG	10ML	38.14					10	AA	146-2582	AIR RET OPH SOL ACIN	25 R	89.06			12
AB	136-7028	ADRIAMYCIN RDX VIAL 20MG	10ML	38.14					10	GA	146-2582	AIR-CIDE OPH OINT	2.5ML	8.00*			12
DO	245-6737	ADRIUCL VIAL 50MG 10ML	10 R	12.00					12	GA	271-3228	AIR-CIDE OPH SUSP	2.5ML	7.00*			12
BA	183-8340	ADSORBACARPINE 15 DT	15ML	11.90					12	GA	271-3229	AIR-CIDE OPH SOL 0.1%	15ML	4.85			12
BA	183-8444	ADSORBACARPINE 21 DT	15ML	11.25					12	RH	221-0180	AK-HAGL O/0 5%	3.5ML	8.21			12
BA	183-8444	ADSORBACARPINE 45 DT	15ML	13.00					12	RH	221-7243	AK-HAGL OPH SOL 5%	3.5ML	7.65			12
BA	214-2403	ADSORBONAC 55 DT	15ML	10.00					12	RH	271-7208	AK-HETRIN OPH SOL 0.1%	15ML	3.12			12
PJ	271-7428	ADULT FILTO VALVE KIT HDO	1184	9.05*	12.85				10	AA	760-0200	AK-POLY-BAG DENT OINT	3.5G	6.50*			12
PJ	210-7028	ADULT HEMI JEL RX TIXBX280/805		308.00*	812.00				10	AA	278-8528	AK-PRED OPH SOL	15ML	4.54			12
PA	198-1722	ADVANCE PREG TEST KIT DOUBLE		10.90					12	BA	211-5969	AK-PRED OPH SOL	15 R	6.63			12
PA	215-6859	ADVANCE PREG TEST KIT SINGLE		7.40					12	BA	221-3252	AK-PRED OPH SOL 0.125%	15ML	4.08			12
WA	130-6346	ADVANTG CAT 1-9LB E/V 4X4ML		23.75					12	BA	144-5576	AK-PRO OPH SOL 15 AXOR	15ML	7.27			12
WA	130-6802	ADVANTG CAT 10-18LB E/V 4X0.8		24.65					12	BA	144-8083	AK-PRO OPH SOL 15 AXOR 10ML	15ML	13.39			12
WA	129-5585	ADVANTG DOG 1-10LB E/V 4X4ML		22.55					12	BA	145-3844	AK-PRO OPH SOL 15 AXOR 15ML	15ML	19.85			12
WA	184-0040	ADVANTG DOG 11-20LB THOM 4X1		22.95					12	RA	223-5471	AK-RYLSE OPH IRRIG SOL	40Z	3.39			12
WA	130-3510	ADVANTG DOG 21-55LB E/V 4X2.5		24.55					12	OC	145-4362	AK-SPORE HC OTIC SOL	15ML	6.89			12
WA	117-4101	ADVANTG 24 CONTR GEL 6X1 5ML		4.79	7.89				48	OC	155-6142	AK-SPORE HC OINT SOL	10ML	5.01			12
WA	184-0446	ADVANTG DOG 21-55LB THOM 4X2.5		23.95					72	OC	147-4560	AK-T-CALM PT SOL 0.5%	15ML	13.91			12
SJ	149-3923	ADVERA NUTR CHOC INST	BOZ C76	11.55					4 CT	RA	221-3241	AK-TOP OPH SUSP	15ML	5.05			12
SJ	149-4087	ADVERA NUTR CHOCOL	BOZ C76	8.58					4 CT	RA	144-5480	AKINETON TAB 2NG	100 R	22.08			12
SJ	273-4549	ADVERA NUTR VAN	BOZ C76	8.58					6 CS	RA	279-3512	AKNE MYCN OINT	25GM	15.12			12
SJ	271-2016	ADVERA NUTR VAN INST BOZ	C524	45.23					48 CS	RA	223-5489	AKVA TEARS OPH OINT	3.5GM	3.23			12
RA	198-8188	ADVIL CAPL	34	7.76					72	RA	221-3246	AKVA TEARS OPH SOL	15ML	3.23			12
RA	196-5920	ADVIL COLDSIUS CAPL	40	8.17					36	RA	365-8242	AL CAP SCREW/L SL-50	CT100	9.76			12
RB	120-4320	ADVIL COLDSIUS TAB	20	3.59					36	RA	229-8842	ALBALON OPH SOL 0.1%	15ML	12.05			12
RB	120-6036	ADVIL COLDSIUS TAB	40	8.17					36	RA	245-8677	ALBOLENE CRM SCEN	60Z	3.99			12
RB	198-1238	ADVIL EASY OPEN CAPL	72	5.46					36	RA	137-5377	ALBOLENE CRM SCEN	170Z	6.55			12
RA	198-1927	ADVIL EASY OPEN TAB	72	5.46					36	RA	245-2531	AL-TOB STAR O/S 0.3%	5ML	5.05			12
RA	229-6509	ADVIL GELCAPL	24	2.76					72	RA	365-8242	AL CAP SCREW/L SL-50	CT100	9.76			12
RA	225-6868	ADVIL GELCAPL	50	4.76					72	RA	229-8842	ALBALON CRM SCEN	170Z	1.61*	7.60		12
RA	225-9232	ADVIL GELCAPL	100	7.59					72	RA	365-8044	AL CAP SCREW/L SL-35	CT100	8.14			12
AA	244-6559	ADVIL SUSP	1002 R	5.15					72	RA	365-8143	AL CAP SCREW/L SL-45	CT100	8.48			12
AA	244-8859	ADVIL SUSP	1002 R	17.22					5	BE	322-8280	ALBUTEROL INHAL AERO RUG	170G	15.70*			12
AA	120-4088	ADVIL SUSP CHILD	202	7.73					36	BE	246-9276	ALBUTEROL INHAL AERO SCHE	170G	10.00*			12
AA	120-7388	ADVIL SUSP CHILD	402	4.31					36	BE	246-7719	ALBUTEROL INHAL AERO RUG	170G	14.57*			12
AA	173-3587	ADVIL TAB	24	7.76					72	BE	244-3025	ALBUTEROL INHAL KIT MAR	170G	8.74*			12
AA	173-3583	ADVIL TAB	48	1.04					72	BE	244-3376	ALBUTEROL INHAL KIT ZEN	170G	10.00*			12
AA	173-3603	ADVIL TAB	50	4.76					72	BE	246-9785	ALBUTEROL INHAL REF SCHE	170G	9.18*			12
AA	173-3603	ADVIL TAB	100	7.73					72	BE	246-7595	ALBUTEROL INHAL REF URE	170G	13.10*			12
AA	173-3603	ADVIL TAB	200	10.70					72	BE	246-6291	ALBUTEROL INHAL REF MAR	170G	13.10*			12
AA	173-3603	ADVIL TAB	3240	32.40					89	AA	242-3054	ALBUTEROL INHAL REF MAR	170G	12.00*			12
AA	173-3603	ADVIL TAB	3240	32.40					12	AA	247-5073	ALBUTEROL INHAL REF ZEN	170G	10.00*			12
BE	216-9829	AERODIC WHALER SYSTEM	76U	47.35					24	AA	359-4248	AL-BUTEROL RUG	170G	3.17*			12
BE	216-6775	AERODIC WHALER SYSTEM	76U	43.45					24	AA	273-2071	AL-BUTEROL SOX	170G	7.36*			12
BE	227-6888	AERODIC WHALER VDL 10X10	10X10	1.04					24	AA	227-6247	AL-BUTEROL SOX MAR	170G	8.00*			12
BE	217-6888	AERODIC WHALER VDL 10X10	10X10	2.50					24	AA	242-3070	AL-BUTEROL SOX MAR	170G	8.00*			12
BE	217-6888	AERODIC WHALER VDL 10X10	10X10	2.50					24	AA	247-5073	AL-BUTEROL SOX MAR	170G	8.00*			12
BE	217-6888	AERODIC WHALER VDL 10X10	10X10	2.50					24	AA	246-8856	ALBUTEROL SOF SYRUP PIA	100Z	4.16*			12
BE	217-6888	AERODIC WHALER VDL 10X10	10X10	2.50					24	AA	246-5616	ALBUTEROL SOF 10Z	100Z	4.16*			12
BE	217-6888	AERODIC WHALER VDL 10X10	10X10	2.50					24	AA	191-8956	ALBUTEROL SOF 0.5Z ASTA	100Z	9.00			12
DC	117-7633	AFTATE PRE-ELECTRIC FRESH	302	1.46					24	AA	247-1634	AL-BUTEROL SOF 25GM	100Z	1.46*			12
DC	117-7633	AFTATE PRE-ELECTRIC FRESH	302	1.46					24	AA	247-0532	AL-BUTEROL SOF 50GM	100Z	8.90			12
RF	216-3970	AFRIN NASAL SPR JWL W	8X25	25.45					24	AA	121-5160	ALBUTEROL SOF SYRUP					

PHARMACEUTICAL BUYERS, INC

Abbreviated Vendor Catalog for

HOME INFUSION PROVIDER CLOSED SHOP

November 28, 1995

NDC	Label Name	Generic Name	Contract	Case	Pack	Unit	Contract
DEY LABORATORIES							
49502-0030-03	SODIUM CHLORIDE 0.9% VIAL	SODIUM CL FOR INHALATION	Contract Term: thru	250/	3.0	ML	29.100
49502-0030-10	SODIUM CHLORIDE 0.9% VIAL	SODIUM CL FOR INHALATION		125/	10.0	ML	29.100
49502-0181-04	ACETYLCYSTEINE 10% VIAL	ACETYLCYSTEINE		12/	4.0	ML	18.480
49502-0181-30	ACETYLCYSTEINE 10% VIAL	ACETYLCYSTEINE		3/	30.0	ML	23.050
49502-0182-04	ACETYLCYSTEINE 20% VIAL	ACETYLCYSTEINE		12/	4.0	ML	19.720
49502-0182-30	ACETYLCYSTEINE 20% VIAL	ACETYLCYSTEINE		3/	30.0	ML	26.410
49502-0659-02	ISOETHARINE 0.25% SOLUTION	ISOETHARINE HYDROCHLORIDE		25/	2.0	ML	6.500
49502-0676-03	METAPROTERENOL 0.6% SOLN	METAPROTERENOL SULFATE		25/	2.5	ML	7.500
49502-0678-03	METAPROTERENOL 0.4% SOLN	METAPROTERENOL SULFATE		25/	2.5	ML	7.500
49502-0689-02	CROMOLYN 10MG/ML SOLUTION	CROMOLYN SODIUM		60/	2.0	ML	28.000
49502-0697-03	ALBUTEROL .83MG/ML SOLUTION	ALBUTEROL SULFATE		25/	3.0	ML	9.500
49502-0697-33	ALBUTEROL .83MG/ML SOLUTION	ALBUTEROL SULFATE		30/	3.0	ML	11.400
49502-0697-60	ALBUTEROL .83MG/ML SOLUTION	ALBUTEROL SULFATE		60/	3.0	ML	22.800
49502-0820-03	SODIUM CHLORIDE 0.45% VIAL	SODIUM CL FOR INHALATION		100/	3.0	ML	9.500
49502-0830-05	SODIUM CHLORIDE 0.9% VIAL	SODIUM CL FOR INHALATION		100/	5.0	ML	9.000
49502-0830-05	SODIUM CHLORIDE 0.9% VIAL	SODIUM CL FOR INHALATION		100/	5.0	ML	9.000
49502-0830-15	SODIUM CHLORIDE 0.9% VIAL	SODIUM CL FOR INHALATION		24/	15.0	ML	5.110

Comments **SUPPLY IS GUARANTEED. PLEASE STATE THAT YOU ARE A PBI MEMBER WHEN PLACING AN ORDER AND REFER TO CONTRACT NUMBER LISTED ABOVE.**

DOW HICKAM PHARMACEUTICALS, INC.		Contract Term: thru	10/31/96
00514-0001-01	GRANULEX SPRAY	TRYPSIN/BALSAM PERU/CASTOR	56.7 ML
00514-0056-01	PRODERM AEROSOL	BALSAM PERU/CASTOR OIL	113.4 ML
00514-0085-06	FLEXZAN ADHESIVE DRESSING	FOAM BANDAGE	10.0 EA
00514-0085-32	FLEXZAN ADHESIVE DRESSING	FOAM BANDAGE	6.0 EA
00514-0092-09	SORBSAN 3"X 3" WOUND DRESS	ALGINATE DRESSING	10.0 EA
00514-0092-16	SORBSAN 4"X 4" WOUND DRESS	ALGINATE DRESSING	10.0 EA
00514-0101-50	SULFAMYLYON 8.5% CREAM	MAFENIDE ACETATE	57.0 G
00514-0101-51	SULFAMYLYON 8.5% CREAM	MAFENIDE ACETATE	113.0 G

Comments

DU PONT PHARMA		Contract Term: thru	01/31/97
00056-0037-46	HESPAN 6%/NS INFUSION BAG	HETASTARCH/NA CHLOR 0.9%	12/ 500.0 ML

Comments **PRODUCT IS SOLD IN CASES OF 12 ONLY.**

DURAMED PHARMACEUTICALS, INC.		Contract Term: thru	10/31/96
51285-0277-02	ISONIAZID 300MG TABLET	ISONIAZID	100.0 EA
51285-0301-21	METHYLPREDNISOLONE 4MG TAB	METHYLPREDNISOLONE	21.0 EA
51285-0602-02	ACETAMINOPHEN/COD #4 TABLET	CODEINE PHOSPHATE/APAP	100.0 EA
51285-0644-02	OXYCODONE W/APAP 5/600 CAP	OXYCODONE HCL/ACETAMINOPHEN	100.0 EA
51285-0803-02	AMANTADINE 100MG CAPSULE	AMANTADINE HYDROCHLORIDE	100.0 EA
51285-0846-02	TOLMETIN SODIUM 200MG TAB	TOLMETIN SODIUM	100.0 EA
51285-0875-02	ESTROPIPATE 0.625MG TABLET	ESTROPIPATE	100.0 EA

Comments

1901852

ENDO LABORATORIES, L.L.C.		Contract Term: thru	10/31/96
60951-0602-83	ENDOCET 5/325 TABLET	OXYCODONE HCL/ACETAMINOPHEN	500.0 EA
60951-0630-70	CIMETIDINE 200MG TABLET	CIMETIDINE	100.0 EA

1901848

VAC MDL 65908



DEY LABORATORIES

A Lipha Americas company

Contract Award

Greater New York Hosp Assoc/Alternate Care
555 West 57th Street, 15th Floor
New York, NY 10019

To Order:
Contact your local wholesaler, or:
DEY LABORATORIES
10246 Miller Road
Dallas, TX 75238

DEY Contract No: GNY-1025
Effective Date: 01/01/1994
Expiration Date: 12/31/1998
Terms: 2% 30; net 31 days
Freight: FOB Destination

1901853

VAC MDL 65909

Product Description	Strength	Unit Size	Brand Name	NDC Number	#Ctn.	\$/Ctn.
Acetylcysteine Solution	10%	4 mL	Mucosil	49502-181-04	12	12.48
Acetylcysteine Solution	10%	10 mL	Mucosil	49502-181-10	3	10.17
Acetylcysteine Solution	10%	30 mL	Mucosil	49502-181-30	3	19.65
Acetylcysteine Solution	20%	4 mL	Mucosil	49502-182-04	12	12.60
Acetylcysteine Solution	20%	10 mL	Mucosil	49502-182-10	3	9.90
Acetylcysteine Solution	20%	30 mL	Mucosil	49502-182-30	3	24.63
Acetylcysteine Solution	20%	100 mL	Mucosil	49502-182-00	1	24.50
Albuterol Inhalation Aerosol 17 g, Kit	90 mcg/inh	200 Inhal		49502-303-17	1	4.25
Albuterol Inhalation Aerosol, 17 g, Refill	90 mcg/inh	200 Inhal		49502-303-27	1	4.00
Albuterol Sulfate Inhalation Solution	0.083%	3 mL	Dey-Lute	49502-697-03	25	8.50
Albuterol Sulfate Inhalation Solution	0.083%	3 mL	Dey-Lute	49502-697-33	30	10.20
Albuterol Sulfate Inhalation Solution	0.083%	3 mL	Dey-Lute	49502-697-60	60	20.40
Albuterol Sulfate Inhalation Solution	0.5%	20 mL		49502-196-20	1	5.50
Cromolyn Sodium Inhalation, USP	20 mg/2 mL	2 mL		49502-689-02	60	24.50
Cromolyn Sodium Inhalation, USP	20 mg/2 mL	2 mL		49502-689-12	120	49.00
Ipratropium Bromide Inhalation Solution	0.02%	2.5 mL		49502-685-03	25	21.50
Ipratropium Bromide Inhalation Solution	0.02%	2.5 mL		49502-685-60	60	51.60
Metaproterenol Sulfate Inhalation Solution	0.4%	2.5 mL	Dey-Lute	49502-678-03	25	6.25
Metaproterenol Sulfate Inhalation Solution	0.6%	2.5 mL	Dey-Lute	49502-676-03	25	6.25
Sodium Chloride Solution	0.9%	15 mL		49502-830-15	24	5.02
Sodium Chloride Solution	3%	15 mL	Dey-Pak	49502-640-15	50	27.50
Sodium Chloride Solution	10%	15 mL	Dey-Pak	49502-641-15	50	27.50
Water, Purified, USP		5 mL		49502-810-05	100	9.50



DEY LABORATORIES
2751 Napa Valley Corporate Drive
Napa, California 94558
1-800-755-5560 FAX 707-224-8918
To Order 1-800-527-4278

Voice Mail:
1-800-786-5775
Ext. 853

ALBERT HOYO
Territory Account Manager

Last revised: 04/21/1997

1901848

MCKESSON

MCKESSON DRUG
915 CHAD LANE
TAMPA FLA
SOLD TO
COBO PHARMACY
937 FLEMING ST
KEY WEST

#195 PHCNE 800 482-3784
33619 CEA PM0000771
DEA AC2706135
FL 33040

Invoice

BATCH 000

ACCT MGR 018
BILLING DATE 7/14/97
75VU01RQU
CSRUCSUZ
OEM N 540292
CUSTOMER 180 212
ROUTE STOP
INVOICE DATE 7/15/97 INVOICE NO. 001108196 PAGE 1

All product discounts earned or granted under McKesson and Valu-Rite programs, including off-invoice allowances, may be subject to certain state and federal laws and regulations regarding reporting and/or disclosure requirements and may be required to be reflected in the costs claimed or charges made by your pharmacy under Medicaid, Medicare or any other health care reimbursement program or provider plan.

DEPT	ITEM NUMBER	QTY	ORD UN	ITEM DESCRIPTION	STORE RETAIL	UNIT PRICE	GP %	I D CODE	EXTNSN

AA	1977032	1	EA	ACETASOL HC SOL 1X ALPH 10ML	12.00	3.89*74.3	1KR	3.08	
AD	1974468	1	EA	CARBAMAZ TAB 200MG P/R	1000	23.21	7.71*66.8	1KR	7.71
AD	2405660	1	EA	COURDIN TAB 1MG	100	58.88	47.41*19.5	1KR	47.41
CO	3525086	1	EA	HEMORR+HC SLPP	ALPH 120	4.14	1.87*54.8	1KR	1.87
BA	2230258	2	EA	ME TOCCLCPR C/S 5MG	ALPH 160Z	11.57	5.61*51.5	1KR	11.62
ABOVE ITEM WAS A SUBSTITUTION ITEM. PLEASE REFER TO THE AUDIT REPORT.									
AD	1875665	3	EA	PREVACID CAP 30MG	100	347.81	293.00*15.8	I 1 R	879.00
AD	3682614	5	EA	PRLOSEC CAP 20MG UU	100	113.04	94.81*16.1	I 1 R	474.05
AD	2161776	1	EA	RX-FAK ZESTRIL TAB 10MG	100	84.24	70.66*16.1	I 1 R	70.66
AD	3246568	1	EA	SMZ-TMF TB 800/160MG TEV	500	153.88	23.89*84.5	I 1 R	23.89
AD	2176253	3	EA	TRENTAL TAB 400MG UU	100	61.62	51.68*16.1	I 1 R	15.65*64
AA	1615160	3	EA	ALBUTEROL SCL 3ML UC DEY	250	30.20	9.89*67.3	I 1 R	6.99*67
AD	3531795	1	EA	BIAXIN TAB 500MG	60	195.59	157.49*19.5	I 1 R	15.749
AD	1795848	1	EA	COZAAR TAB 25MG UU	900	105.30	84.79*19.5	I 1 R	84.79
AD	1319391	1	EA	CYCLOBENZ TAB 10MG	SCHE 1000	86.10	6.36*92.6	I 1 R	6.36
ABOVE ITEM WAS A SUBSTITUTION ITEM. PLEASE REFER TO THE AUDIT REPORT.									
AD	1359579	1	EA	DANAZOL CAP 200MG	BARR 600	193.94	131.89*32.8	I 1 R	131.89
CA	1370147	1	EA	DIFFERIN GEL 0.1%	45GM	56.50	45.49*19.5	I 1 R	45.49
AD	3454204	2	EA	DIFLUCAN TAB 200MG	30	337.50	271.76*19.5	I 1 R	54.352
AD	2111300	3	EA	SPIVIR TAB 150MG	60	230.41	193.26*16.1	I 1 R	57.978
AD	3286580	1	EA	IBLEROF TB 600MG	PAR 500	90.00	11.72*87.3	I 1 R	11.72
CA	2284867	1	EA	LAMISIL CRM 1X	150M	28.38	23.80*16.1	I 1 R	23.80
AD	3273265	1	EA	MECLIZ TAB 25MG	PAR 1000	44.99	10.57*76.5	I 1 R	10.57
AD	1963156	1	EA	MULTIBEF I CLIC-500 TB Q/P	600	7.70	4.36*43.4	I 1 R	4.36
AD	1107424	1	EA	NITROSTAT SUBL TAB 0.4MG	4X2	17.47	14.65*26.1	I 1 R	14.65
AD	3214251	1	EA	PANCREASE PT16 CAP	100	111.95	93.94*16.1	I 1 R	93.94
AD	2772424	1	EA	PAPAVER CAP 150MG	URL 1000	8.66	4.08*52.9	I 1 R	4.08
AD	2294312	1	EA	PAXIL 138 20MG	1000	206.41	173.13*16.1	I 1 R	173.13
AD	3973435	1	EA	PRC2AC PULVILLE 23MG	100	241.68	202.71*16.1	I 1 R	202.71
CA	1388156	1	EA	RETIN-A CREAM 0.1%	45GM	66.60	55.86*16.1	I 1 R	55.86
AD	3298288	1	EA	RISPERDAL TAB 2MG	60	204.60	171.61*16.1	I 1 R	171.61
AD	3700069	1	EA	RX-FAK DIABETA TAB 5MG	100	63.54	43.65*30.8	I 1 R	43.55
AD	3730572	1	EA	RX-PAK FREMIRIN TAB 625MG	100	45.10	35.55*21.2	I 1 R	35.55
AD	2298446	4	EA	SANDIMMUNE GEL CAP 100MG	UC 300	185.16	155.28*16.1	I 1 R	62.120
CA	2185767	1	EA	TRIAMCIN OINT 0.1% RUG	160Z	20.85	13.76*34.0	I 1 R	13.76
AD	1843564	2	EA	VASOTEC TAB 10MG	100	106.95	86.12*19.5	I 1 R	172.24
AE	1807072	1	EA	VIDEX FWD FKT 250MG	30	121.51	151.50*16.5	I 1 R	101.50

THIS INVOICE IS PAYABLE TO MCKESSON DRUG CO.
AT ABOVE ADDRESS. CLAIMS MUST BE MADE WITHIN
FIVE DAYS AND SHOW DATE OF INVOICE.

CONTINUED

THIS IS TO CERTIFY THAT ABOVE NAMED ARTICLES ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED,
MARKED AND LABELED TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION

VAC MDL 65910

1901848

Transmit Confirmation Report

No. : 004
Receiver : 904 922 0685
Transmitter : VEN-A-CARE/CRITI-CA
Date : Jul 28, 97 16:02
Time : 03 '17
Mode : Norm
Pages : 06
Result : OK

LF 1901855

1901855

VAC MDL 65911